

2018 Statement of Income and Expenses

for LOBBYISTS

(RSA Chapter 15)

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NOV 0 1 2018

I. Name of Lobbyist(s)	MICHAEL	LICATA		DETAINTMENT
	partnership, firm or corporation	, if any:		
		UTILITI	ES	
(Nam	e of partnership, firm or corporation)			
15 3 1772	ck 20 LONDON (Town/C	morry	HH	03053
Puringe Address: (Str	ret) (Town/C	ty)	(State)	(Zip Code)
Business Address. (On			: MICH	AD LICATA P. LIBERTY
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				AEL. LICATA @ LIBERTY UTILITIES . COM
reportable expense tr	vers: (Choose one – file separate ansactions which are not attribut	table to any one	e chent).	
All reportable trans	sactions occurring in the months pr			
	(Full Name of Client as it appears on	TILITIES	<u> </u>	
	(Full Name of Client as it appears on	the Lobbyist Reg	istration Form)	
OR All reportable trans unrelated to any partic	actions by the lobbyist (including tular client.	he lobbyist's fa	mily), or the lobby	ring firm listed below which are
			July 25, 2018 🛚	
IV. Date of Report Reports cover: activ	April 25, 2018 🗖 ity from date of registration to 3/31/18		from 4/1/18 to 6/30	V18
Reports Lover. activ	October 31, 2018 🗹		January 30, 2019 (<u> </u>
	activity from 7/1/18 to 9/30/18	octivit	y from 10/1/18 to 12	/31/18
V. There have been If this box is checked, Concord, NH 03301.	no fees received and no repo complete just this form and submit	rtable transactit to the Secreto	tions made sinc ary of State's Offic	e the last report. □ e, State House, Room 204,
VI Cheek if addition	nal reports are attached:			
SI If you have received	ved fees or made expenditures, you	must file Adde	ndum A- Fees an	d Expenses
If you have paid	an honorarium or reimbursed exper	ises, you must f	ile Addendum B-	Report of Honorariums or
If you, your firm,	, or your family has made political	contributions, y	ou must file Adde	ndum C- Political Contributions
I have read RSA 15.	LICATA		rear or affirm that 10/31/18	

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A S E

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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I. Name of Lobb	yist(s) MICHAEL	LICATA	
II. Name of lob	byist's partnership, firm or corpo	ration, if any:	
	(Name of partnership, firm or corporation)	UTILITIES	
	(Name of partnership, firm or corporation)		1 1
III. Name of Cli	ent UBERTY UTILITIE	2	Date 10 31 18
المحاد حادثات الماد	s amount of all fees received from the luding fees for services such as public ch, monitoring legislation, and related	legal work. The gross	s fee amount reported shall not be
a) Total of all fe	es received in this reporting period		a)s 236.52 b) s 5364.50
b) Total of all ((This should	fees received this calendar year, prior to I equal the total of all prior monthly rep	orts for this calendar yea	ir)
c) Total of all f	Tees received to date as a and b)		c)s 5601. 02
d) Indicate the yet been pa	amount of any such fees that are due, bid	ut have not	d) \$
fees. Separate the lobbyist(s)/ Expenses are to during the repx individual expe lunch where the being lobbied, (c) an itemized any purpose no ceremonial obj	obying partnerships, firms, or corporative reports are to be filed for expenditures firm that are unrelated to any one clip be reported in one of three categories or time period for salaries, benefits, suppresses where the expenditure was of \$25 experiment of a ceremonial object given to statement of each individual expenditure to covered by (a) (for example: purchase of a legislative reception). Expenditure to the subject of lobby enses for a legislative reception).	ent a separate report mes of expenses: (a) the port staff, and office expenses: (b) or less (for example) pen with a value of less to a person being lobbied re made during this report ase of a meal with value ing with a value greater benses for honorariums,	ay be filed for the lobbyist(s)/firm. aggregate total of all expenses paid penses; (b) the aggregate total of all expenses paid expenses; (b) the aggregate total of all expenses than \$10 that is given to the person d with a value of \$25.00 or less); and thing period of greater than \$25.00 for e of greater than \$25, purchase of a r than \$25, but not greater than \$50 expense reimbursement, or politica
support staff, a	gate expenses for this reporting period f and office expenses, related directly or in	idirectly to loobying.	a)s 463.57
b) Total aggre in a), of \$25 or	gate of expenditures during this reportion	ng period, not reported	b) \$
c) Total of all	itemized expenditures reported in detail	in section VI.	c) \$

d) Total expenses for this reporting period	d)s 463.57
(Add lines a, b and c) e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) f) Total of all expenses year to date	e)s 31379,10 ns 31842,67
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	s
	\$
	\$
	s
	······································
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affinistrue and complete to the best of my knowledge and belief.	m that the foregoing information
(Signature of lobbyist)	10/31/19 (Date)
MICHAEC LICATA (Print Name of lobbyist)	

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Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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NOV 0 1 2018

Name of Lobbyist(s)W	ership, firm or corpo	ration, if any:	
	LIBERTY	UTILITIES	
(Name of partners			. 121.0
(Name of partners I. Name of Client	KRY UTILITY	<u>EJ</u>	Date
olitical Contributions or each political contribution item! The contribution is a second contribution is a second contribution in the contribution in the contribution is a second contribution in the contribution in the contribution is a second contribution in the contribution in the contribution is a second contribution in the contribution in the contribution is a second contribution in the contribution in the contribution is a second contribution in the contribution in the contribution is a second contribution in the contribution in the contribution is a second contribution in the contribution in the contribution is a second contribution in the contribution in the contribution is a second contribution in the contribution in the contribution is a second contribution in the contribution in the contribution is a second contribution in the contribution in the contribution is a second contribution in the contribution in	on that is reportable pu firm, indicate the follo	irsuant to RSA Chapter owing:	664 paid on behalf of the
		\ -0	
full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
	500	Office Candidate is	or services provided, and enter the ion. If the actual cost is not known
	HURTHOU OU THE TIME TO A		
enter an estimated value and t	he word "estimate."		
enter an estimated value and t	ne word estimates		
enter an estimated value and t	ne word estimates	CHUCK	(Middle Name/Initial)
Full name of candidate:	MORSE (Last Name)	CHUCK (First Name) Office Candidate is	(Middle Name/Initial) Seeking Stwate
Full name of candidate: Amount of contribution \$	(Last Name) 500 ind contribution, providentribution on the line abo	CHUCK (First Name) Office Candidate is	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$	(Last Name) 500 ind contribution, providentribution on the line abo	CHUCK (First Name) Office Candidate is	(Middle Name/Initial) Seeking Stwatte
Full name of candidate: Amount of contribution \$	(Last Name) 500 ind contribution, providentribution on the line abo	CHUCK (First Name) Office Candidate is	(Middle Name/Initial) Seeking Stwatte
Full name of candidate: Amount of contribution \$	MORSE (Last Name) 500 ind contribution, providentribution on the line about the word "estimate."	CHUCK (First Name) Office Candidate is a description of the good ove for amount of contrib	(Middle Name/Initial) Seeking SEWATE ds or services provided, and enter the actual cost is not known

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."	! ! >
If more than three contributions were made, report additional contributions on separate addendum C forms.) Sworn Statement/Affirmation by Lobbyist have read RSA 15, RSA 15, R and RSA 664 and beaches aware as affirmation to the contributions of separate addendum C forms.)	
have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.	
Michael Licata 10/31/18 (Date)	-
(Print Name of lobbyist)	

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

Name of Lobbyist(s)	MICHAEL CI		
I. Name of lobbyist's part	nership, firm or corpo	ration, if any:	
	LIBERTY	UTILITIES	S
(Name of partr	nership, firm or corporation)		
II. Name of Client LIB	EXTY UTILITIE	=7	Date10 31 18
Political Contributions or each political contribut lient/lobbyist and lobbyin			er 664 paid on behalf of the
	2000	Ω	
full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$			Seeking EXECUTIVE COUNCIL
	tribution on the line above	for amount of contribut	ion. If the actual cost is not known
ctual cost of the in-kind cont inter an estimated value and t	tribution on the line above the word "estimate."	for amount of contribut	ion. If the actual cost is not kno
ctual cost of the in-kind cont	tribution on the line above the word "estimate."	Oonna	tion. If the actual cost is not kno
ctual cost of the in-kind cont inter an estimated value and t	Soucy (Last Name)	DoいいA (First Name)	(Middle Name/Initial) Seeking StWATE
ctual cost of the in-kind continter an estimated value and the full name of candidate: Amount of contribution \$	Soucy (Last Name) 500 and contribution, provide a ctribution on the line above	ONNA (First Name) Office Candidate is description of the goods	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ of the contribution is an in-kind actual cost of the in-kind contenter an estimated value and	Souch (Last Name) 500 Ind contribution, provide a contribution on the line above the word "estimate."	On NA (First Name) Office Candidate is a description of the goods for amount of contribute	(Middle Name/Initial) Seeking State s or services provided, and enter
ctual cost of the in-kind continter an estimated value and the restimated value	Souch (Last Name) 500 Ind contribution, provide a contribution on the line above the word "estimate."	ONNA (First Name) Office Candidate is description of the goods	(Middle Name/Initial) Seeking State s or services provided, and enter
Full name of candidate: Amount of contribution \$ of the contribution is an in-kind actual cost of the in-kind contenter an estimated value and	CLast Name) WATTERS (Last Name)	ONNA (First Name) Office Candidate is description of the goods for amount of contribut (First Name)	(Middle Name/Initial) Seeking SWATE s or services provided, and enter tion. If the actual cost is not kno

(turn over to continue →)

(If more than three contrib	outions were made, report additional contr	ibutions on separate addendum C forms.)
Sworn Statement/At	firmation by Lobbyist	
	RSA 15-B and RSA 664 and hereboto the best of my knowledge and bo	by swear or affirm that the foregoing informelief.
Mule	Maul	10/31/18
(Signature of lobbyis	t)	(Date)